

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Practice Transformation Task Force:

New Member Orientation

May 20, 2015

Agenda

- I. Connecticut SIM Overview
- II. PTTF Governance Structure and Charge
- III. Outcome of First Phase of PTTF Work
- IV. PTTF Second Phase of Work – Community and Clinical Integration Programs (CCIP)

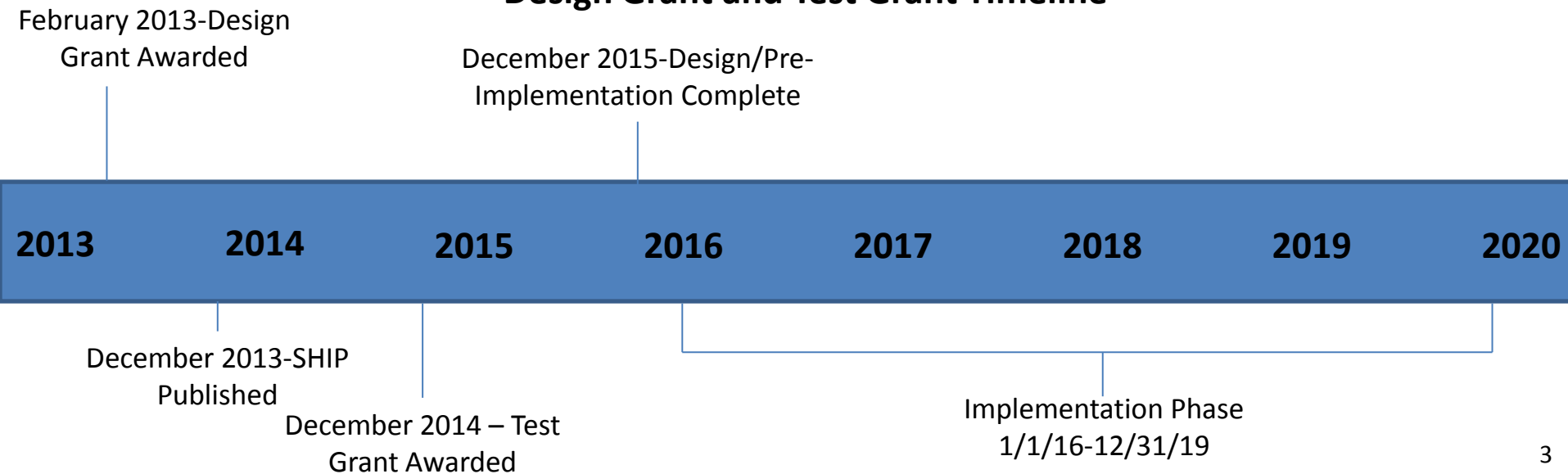
What is a State Innovation Model Grant?

SIM grants are awarded by the federal government through the *Center for Medicaid and Medicare Services (CMS) Innovation center*. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

- 1 Improve health system performance
- 2 Increase quality of care
- 3 Decrease Costs

There are two types of grants awarded; a grant to design an innovation model and a grant to test an innovation model. Connecticut was awarded a design grant in April 2014 and was awarded a test grant in December 2014 which will be implemented over the next five years.

Design Grant and Test Grant Timeline



Healthcare Environment Today vs. Tomorrow

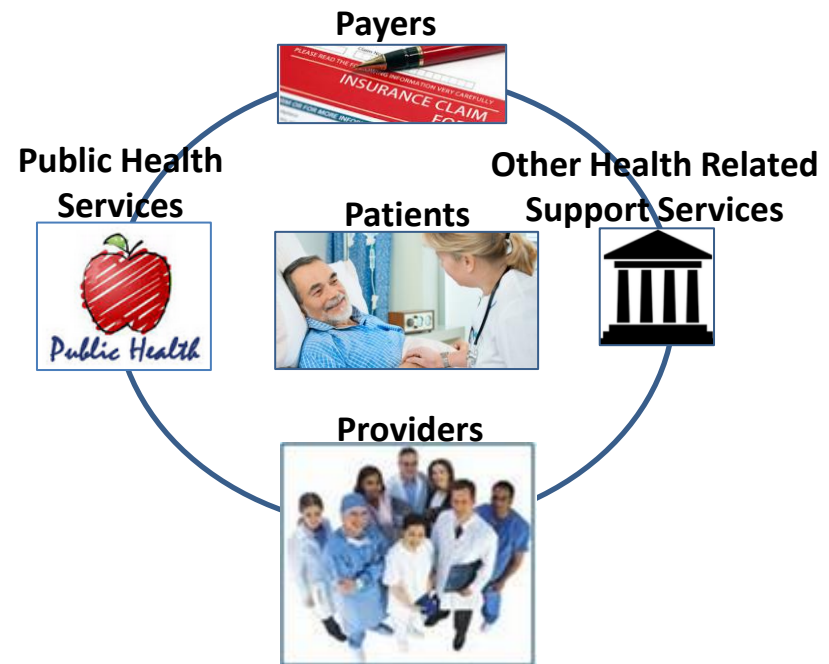
The cornerstone of the State Innovation Model grant in Connecticut is to create a whole-person-centered health care system that improves health and healthcare services for the State's residents.

Today



Connecticut has a **wealth of healthcare services** today, but the system as a whole is **not optimally organized or integrated**, leading to inequities, poorer outcomes, and higher expenses as compared to other states and to its own potential

Tomorrow



Transforming care delivery and payment models to be **whole-person-centered** and support Connecticut's pursuit of improved equity and access to care for all, improved health, improved quality of care, and lower costs

Our Journey from “As Is” to “To Be”: Components

CT SIM Component Areas of Activity

**Transform
Healthcare Delivery
System**

Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

**Build Population
Health Capabilities**

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

**Reform Payment &
Insurance Design**

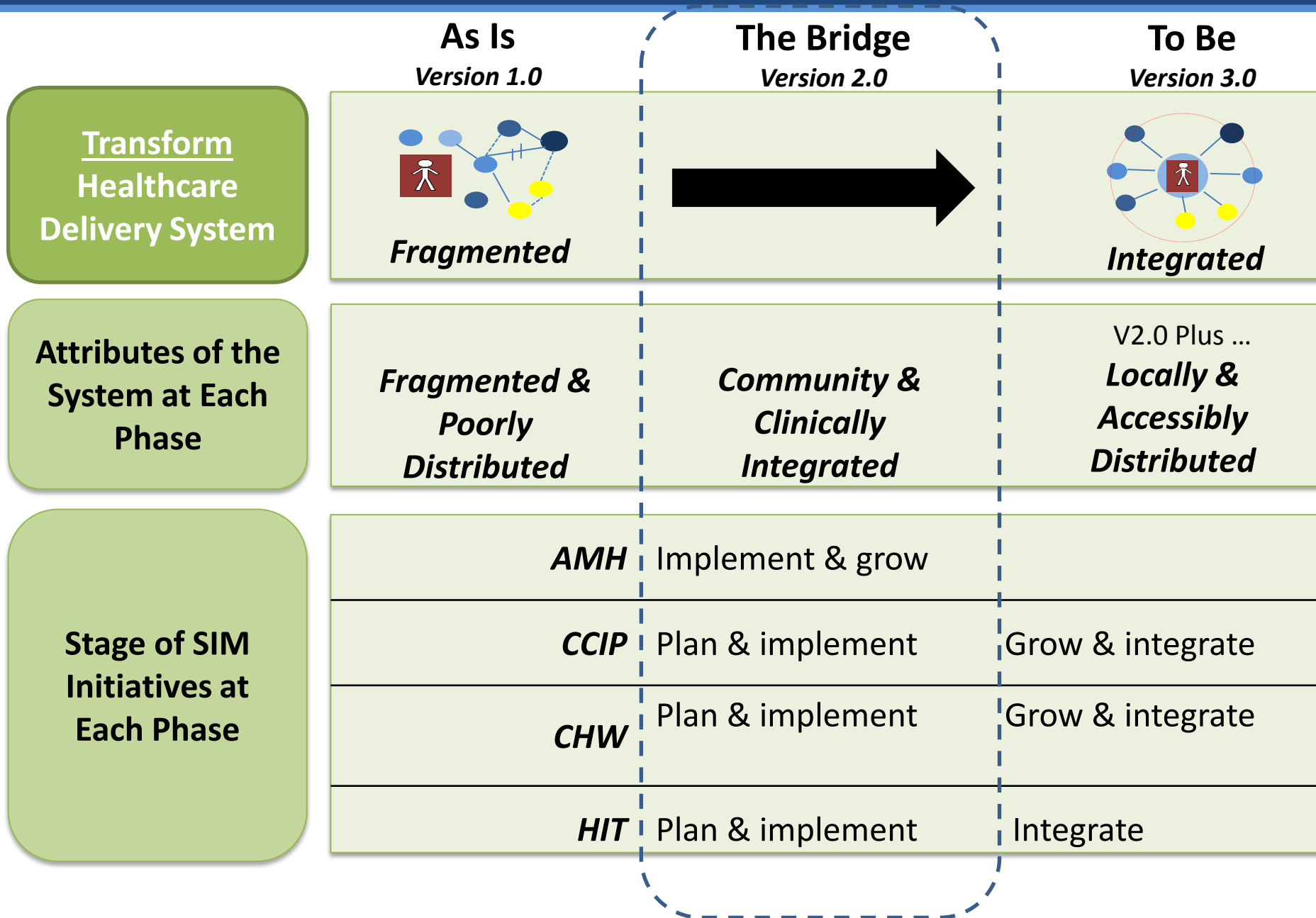
Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.

Engage Connecticut’s stakeholders throughout

Invest in enabling health IT infrastructure

Evaluate the results, learn, and adjust

SIM Phases: Delivery System Transformation



SIM Governance Structure

To execute the SIM Vision and carry out its initiatives, four work groups (councils) as defined below will be overseen by the Program Management Office (PMO) and issue recommendations for consideration by the Healthcare Innovation Steering Committee (HISC).



Practice Transformation Task Force Participants

- **State Representatives**

- Michael Michaud – Department of Mental Health & Addiction Services
- Kate McEvoy – Department of Social Services, Director of the Division of Health Services
- Robert Zavoski, MD – Department of Social Services (*no longer on PTTF*)

- **Provider Representatives**

- Rebecca Mizrachi, APRN – Norwalk Community Health Center (*former Executive Committee Member*)
- Heather Gates – Community Health Resources
- Rowena Rosenblum Bergmans – Western CT Health Network
- Douglas Olson, MD – Norwalk Community Health Center
- Edmund Kim, MD – Family Medicine
- Elsa Stone, MD – Pediatrics (*Current Executive Committee Member*)
- Randy Trowbridge, MD – Physiatrist
- Eileen Smith – Soundview Medical Associates, Executive Director
- Grace Damio – Hispanic Health Council, Director of Research and Training

- **Payer Representatives**

- John Harper, MD – ConnectiCare
- David Finn – Aetna
- Bernadette Kelleher – Anthem (*Current Executive Committee Member*)
- Joseph Wankerl – Cigna (*Current Executive Committee Member*)
- Leigh C. Dubnicka – United

- **Consumer and Advocate Representatives**

- Lesley Bennett (*Current Executive Committee Member*)
- Mary Boudreau
- Shirley Girouard
- Alta Lash
- Jesse White-Frese
- Tonya Wiley
- Nanfi Lubogo (*Ex-Officio*)
- Abigail Kelly
- Susan Adams

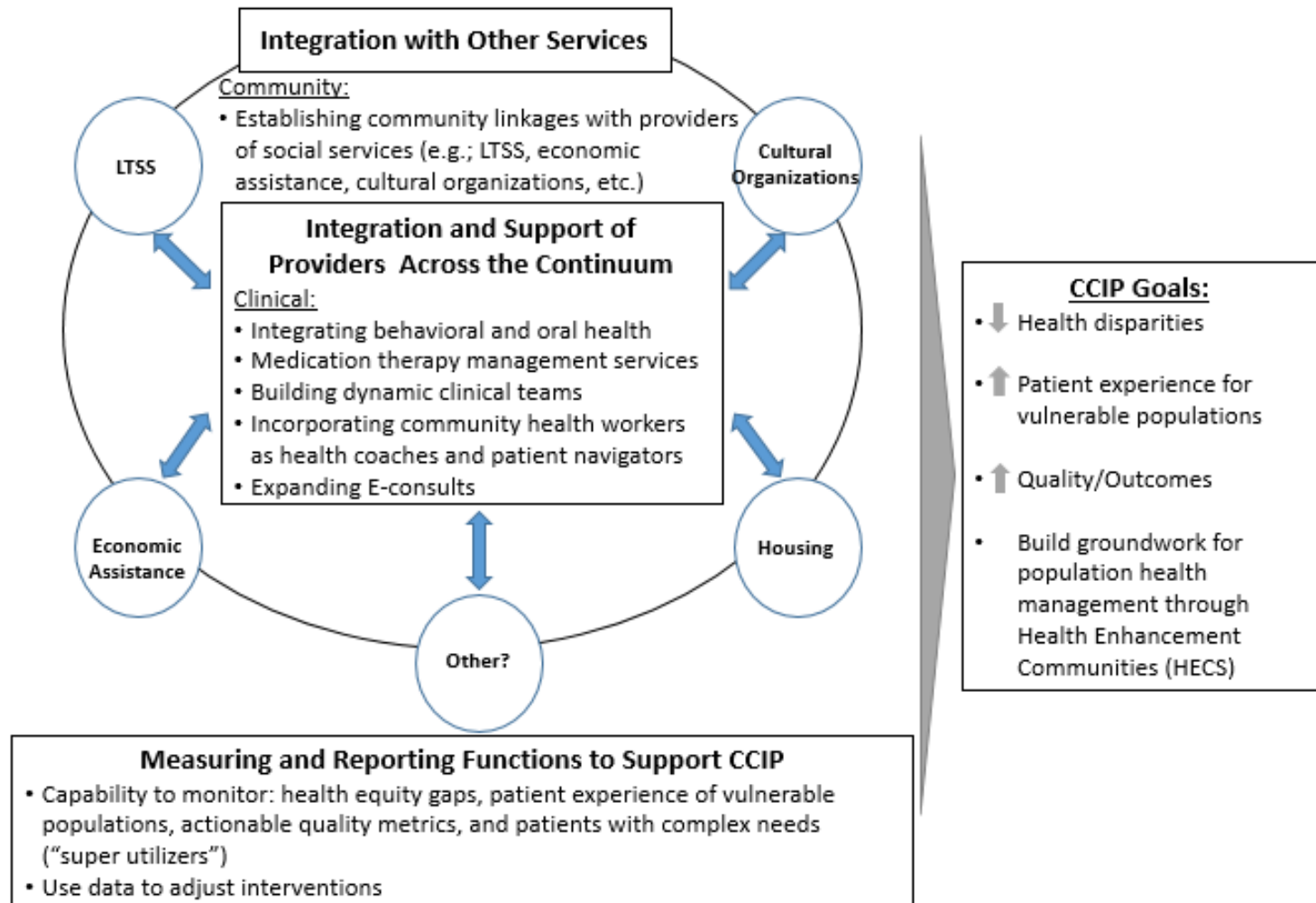
Practice Transformation Task Force Charge

- Responsible for recommendations to the Healthcare Innovation Steering Committee regarding the design of the Advanced Medical Home model and the Community and Clinical Integration Program under the Connecticut Healthcare Innovation Plan and model test grant
- Phase 1: Advanced Medical Home model
- Phase 2: Community and Clinical Integration Program

PTTF Phase I: Connecticut AMH Designation

- Reviewed a comparison of national PCMH accreditation and recognition programs and discussed the option of using a single existing national medical home standard or developing a new medical home standard drawn from existing standards
- Recommended use of the 2014 NCQA PCMH standards
 - created and vetted by expert panels,
 - have undergone revisions since 2008, and
 - have approximately 80% of the national market share for PCMH recognition
- Further recommended that practices be required to obtain PCMH recognition as a condition for completing the Glide Path and obtaining the AMH designation

PTTF Phase II: Community and Clinical Integration



The task of the PTTF will be to establish the required standards for the programs and technology enablers identified that will support Advanced Networks to achieve clinical and community integration

Community and Clinical Integration Program Objective

The overall objective of the Community and Clinical Integration Program (CCIP) work is to define the design of the programs and capabilities for which Advanced Networks can receive technical assistance and grant funding.

The CT SIM grant technical assistance and matching grant funding will be provided at the enterprise level to Advanced Networks¹ committed to pursuing programs and associated measurement and reporting enablers² that will further clinical and community integration. The infrastructure built through this assistance will serve as the framework for a more distributed and geographically focused approach to population health management.

Notes: ¹ Advanced Networks includes IPAs, PHOs, Health Systems, Large Physician Groups, FQHCs .

² Measurement and reporting enablers include capabilities that will allow measuring for health equity gaps, identifying complex patients (“super utilizers”), actionable quality metrics, and measuring patient experience for vulnerable populations